

*Lehigh Acres Fire Control
And
Rescue District*



*Special Workshop
March 8, 2011*



*Response to the Major Recommendations in
John Granito's, Ed.D., Report*

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Fire Chief

3. A carefully constructed, definitive examination of the advantages, disadvantages, operational challenges, and cost/income of Department ambulance service must precede whatever policy recommendation is made to the Board by the Department, and whatever policy decision is ultimately made by the Board. A “go-no go” recommendation is beyond the scope of this update study, but the Report’s section on EMS presents some considerations. After the Chief’s recommendation the Board will decide the service level;

Over 82% of our responses are medical in nature. When a call for medical assistance is received, an ambulance staffed with paramedics is dispatched to the location, usually accompanied by a fire engine with additional personnel. All uniformed fire personnel are trained and certified Emergency Medical Technicians, and many have received substantial additional medical training to earn the title of Paramedic. All of our rescue ambulances are staffed with one paramedic at all times and sometimes there are two paramedics, which provides the citizens of Lehigh Acres with an exemplary level of medical response. Our goal is to provide treatment to those in need of urgent medical care, with the goal of satisfactorily treating the presenting conditions, or transporting the patient to a point for definitive care. I support this and believe by the District providing ambulance service, we provide the highest level of pre-hospital medical care and skills which include cannulation (the ability to use a range of drugs), cardiac monitoring, tracheal intubation, needle decompression and other skills such as performing a cricothyrotomy. I also understand this level of service comes at an additional cost to the tax payers of our community.

While funds were readily available there was no question as to the District providing this level of service; however, with limited funds can we still provide this service, keep firefighters safe on the fireground, and have adequate resourced to meet response times? There is no doubt that the District must ensure that Advanced Life Support care is available to Lehigh Acres citizens through the use of fire engines. The question is whether the District can still support rescue ambulances? If personnel costs were not a factor then the decision would be easy to support the rescue ambulances. However, including personnel cost, paramedic supplies, fuel, vehicle maintenance, and ambulance billing the rescue ambulances do not fund themselves. Ambulances charges for FY 09/10 was \$2,324,991.00, and the cash receipts (money received) was \$1,292,739.19. The total estimated cost to provide the service was \$2,028,748.71, causing a net loss of (\$736,009.52). During the SAFER Grant period with the personnel cost being provided by FEMA there was a net increase (cash received) of \$976,925.13. Once the SAFER Grant expires the rescue ambulances will once again result in negative revenue when including personnel cost.

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Overall Recommendations from Report:

Recommendation #1: Using guidance from the Chief, the Board of Commissioners should ascertain the “Capability”, and “Capacity”, and mutual aid status of their Department (likely extending until August 2012) and formally recognize that status.

Recommendation #2: Using guidance from the Chief, the Board of Commissioners should decide what levels of Capability and Capacity are desired to provide reasonably adequate equitable service delivery to the District, plus the list of service type options wanted, and the source of resource funding and mutual aid necessary to maintain those levels.

Recommendation #3: A performance measurement process for both Capability and Capacity should be established and applied. (See 2010-2011 Goal #3 for a reference.)

Recommendation #4: Two different solution paths need to be identified, depending on whether (A) a multi-year Federal grant will be awarded after August 2012, or (B) not awarded. Each solution path should reflect the Board’s decision concerning the types and levels of protection deemed necessary for Lehigh. Solution path A should recognize an eventual loss of Federal aid. Solution path B will recognize the grant loss in August 2012 and already have arranged for special levy or other provisions for a citizen approved increase in income.

This recommendation combines both the “budget for your plan” and “plan for your budget” planning concepts. The solution path process typically is conducted using “branch” programming methods and brainstorming type discussions, with very broad group input arrangements. Citizen information, input, and plan approval is necessary.

As the decision deadline approaches, the Board will need to convert the appropriate solution path to a Solution Decision Action Plan based on the results of the broad based discussions and the then current fiscal reality. Any special funding decisions made by other municipalities in Lee and adjacent Counties may influence a Lehigh decision and voter reaction.

Recommendation #5: Minimum actual staffing for the five first-line pumpers-quint should be four firefighters. This is necessary in Lehigh, not necessarily because of the National Standard (NFPA 1710), but because the first arriving company at a Lehigh incident typically has a too long, unsafe wait for the second due company. Additionally, with fewer than four per pumper, all five pumpers would need to be dispatched to a structure fire call, assuming no available Lehigh ambulances. The practice of having Tender (tanker) operators at Stations #1 and #4 is prudent and should be encouraged.

Note that, currently, the Lehigh aerial ladder vehicle operates as a pumper and not as a ladder company. In actuality, there are thirteen structures in Lehigh 35 feet or higher, which is the ISO height requiring aerial ladder response. However, one person can raise an aerial ladder, while three or four of the already too few Lehigh firefighters are needed to raise a 28 to 35 foot long ground ladder. Aerial ladders are labor effective, and “ladder company” operations are impossible to conduct when the Quint is operating as a pumper. A long-term goal should be to have a ladder company on duty at a Lehigh station.

Apparatus currently on hand is reported as satisfactory, although the economic situation curtails the replacement program and will build toward a severe future challenge.

Recommendation #6: Using the projected budget, reformulate an apparatus replacement plan. To retain apparatus, emphasis on a rolling maintenance program and on timely repairs may necessitate the employment of a trained part-time or on-call mechanic to augment the one remaining Department mechanic.

Insurance Services Office Review (ISO)

The ISO survey of fire protection in the Lehigh District was conducted in early 2010 and reported in a 36 page document in June 2010. A "Public Protection Classification" number is assigned by ISO and typically is used by residential and commercial fire insurance companies to establish local or area premium rates. The rating is for fire suppression capability only. It does not evaluate emergency medical service programs, although fire departments with a noticeable EMS workload may have a "loss" of one shift person in the ISO count of on-duty responders. The survey covers the fire alarm and communication systems (mostly Lee County) 10%, the fire department itself (50%), and the water supply system (40%).

Classification numbers range from 1 (the best) to 10 (no recognized protection). Of the 639 Florida fire departments currently rated, 139 received a class 4 rating, as did Lehigh, for properties within five road miles of a fire station and within 1000 feet of a fire hydrant. Lehigh properties within 5 road miles of a fire station but beyond 1000 feet of fire hydrant are rated 8.

If the scores are equated to a 100 point scale (as in a school test), the fire alarm section scored 96/100; the water supply scored 68/100; and the fire department scored 62/100. Said another way, the fire alarm section is a class 1, the fire department is a class 4, and the water supply is a class 4. Of 639 Florida fire departments, 262 are either class 1 (9), class 2(31), class 3 (83) or class 4 (139). (160 Florida departments are rated class 5, the statistically mean score.)

Of most importance to this Report are those areas where the Lehigh Department lost significant points, but which could be raised over the mid-term future. These areas are:

1. Use of "automatic mutual aid" to raise the number of first line pumpers to 6 (p18) (Lehigh Fire District lost 4 points out of 10).
2. "Response of a ladder or service company to all building fires" (p21). (You don't get full pumper and full aerial ladder credit for the same quint). (Lehigh lost 3 points out of 5). This can be improved.
3. "Number of stations " lost more than half the possible 4 points, but there is nothing that can be done at this time to improve this.
4. "Number of Responders" lost 5 points from a possible 15, but this cannot be improved at this time.
5. "Training" lost 4 points out of a possible 9, and can be improved at this time.

Recommendation #7: Review the list of equipment required by ISO for "service company" apparatus (no aerial required). Consult with ISO, and so equip an existing vehicle (tender?) and dispatch it to building fires. Possible gain of 3 points.

Recommendation #8: Accelerate and strengthen the existing effort to improve "Training" by assigning the Assistant Chief as Training Director, or by creating an additional position as full time Training Officer. Form an internal task force consisting of the Field Trainers, a Battalion Chief, the Assistant Chief, and the Fire Marshal to review the total ISO review of training and to design and implement a complete annual training package. Incorporate the 2010-2011 goals

related to officer and firefighter training. (Possible gain of 3 to 3.5 points) Note that the 2007 Report section on "training" (p14) is still valid and useful.

If the Fire Department's total credits of 30.59 could be increased by a total of 4 to 4.5 credits (34 to 35 total credits), the total credit for the ISO survey would be increased to 70 or more points for a District Classification of 3, rather than the current 4. ISO should be consulted if this Recommendation is considered for implementation. Obviously, any improvement in training would be of benefit to the personnel and residents, no matter the ISO rating, and a training improvement program is critical.

Organizational Structure and Personnel Position Recommendations:

The following recommendations are based on an analysis of the current structure and the existing position descriptions.

Recommendation #9: As soon as possible, perhaps using surplus funds, the department should recreate a position of "Operations Chief/Second in Command", with the Battalion Chiefs and responder shifts reporting to that position, through the station/shift chain of command. This position would have a dotted line relationship to the Assistant Chief for administration and EMS, and to the Fire Marshal. In the absence of the Chief, the Operations Chief would have overall responsibility for the Department. Using the existing Lehigh rank structure, this position probably would be ranked as "Deputy Chief". Regular duties would also include District hazard analysis survey, resultant pre-planning, post-incident critiques, input for the training program, and updating the ISO rating.

Recommendation #10: The position title of "Fire Marshal" should be assigned the rank of Assistant Chief (for Prevention and Life Safety Management) and report to the Fire Chief.

Recommendation #11 The Assistant Chief for Administration and the Fire Marshal (Assistant Chief) should share the responsibility for a public safety education and information program.

Recommendation #12: Adjustments are recommended for two support positions. The EMS billing clerk should report jointly to the Finance Officer and the Assistant Chief for EMS. The position title and ranking structure for the existing position which has responsibility for payroll, human resource functions, etc. should be recognized as Administrative Assistant.

Recommendation #13: NFPA Professional Qualification Standards for firefighters, fire officers (at four levels), Fire Instructors (at three levels), and for other specialty uniformed positions should be written into the various position requirements and descriptions, with adequate time allowed for incumbents to achieve the desired level of certification.

Recommendation #14: A comprehensive incident pre-planning program should be designed and initiated (Operations Chief), likely encompassing an initial attack plan for target hazards plus an NFPA compliant standard Pre-Plan. This would assist ISO ranking as well.

Recommendation #15: In accord with the above recommendations, the following structure chart modifications are recommended:

1. Reporting directly to the Fire Chief:
 - a. Deputy chief for Operations (Fire)
 - b. Fire Marshal Assistant Chief
 - c. Assistant Chief for Administration and EMS
 - d. Finance Manager
2. Reporting directly to the Deputy Chief:
 - a. Battalion Chiefs
3. Reporting directly to the Assistant Chief for Administration:
 - a. Administrative Assistant (H.R.)
 - b. EMS billing clerk
 - c. Field Trainers

Dotted line cooperative working relationship should exist between:

1. Finance Manager and EMS billing clerk
2. Two Assistant Chiefs (for public information)
3. Operations Chief and Assistant Chief EMS and training program (if no separate Training Officer)
4. Administrative Assistant and Ops Chief and Fire Marshal
5. Medical Director and Assistant Chief EMS
6. Attorney and Fire Chief plus Board of Commissioners

Emergency Medical Services

The emergency medical service program for Lehigh Acres is based in the Lehigh Fire Department and provides first responder advanced life support from paramedic level engine companies, and advanced life support transport from paramedic level ambulances. It is one of the two fire-rescue districts in Lee County with a fire based ambulance program, and has used ambulances for almost four decades. When Fire Department ambulances are all in use, a Lee County EMS paramedic level ambulance will come into the District to handle the call. On infrequent occasions, a LAFD ambulance will provide requested response to close-by, out-of-district areas.

Note that the LAFD ambulances are dispatched by the Lee County dispatch center, and do not take non-emergency runs. These typically are termed "inter-facility" (IF) calls, and are handled by County ambulances or a private ambulance company. Note, also, that Lee County EMS and LAFD bill Medicare, insurance companies, and individuals for transport services to help offset their operational costs. The County does bill for both its emergency and inter-facility transport services.

Using September 2010 as a sample, Lee County ambulances conducted 59 IF transfers in/from the Lehigh District, plus 17 emergency transports, and 21 responses which were cancelled prior to arrival, plus one helicopter call, for a total of 98 calls, of which they likely billed for 60 to 86 of the 98. Of those particular 98 calls, LAFD ambulances actually transported and billed for 10 runs.

Between April 1, 2010 and August 31, 2010, Lee County did 268 interfacility transports in/from the Lehigh District, plus 396 emergency-type transports which could not be handled by the busy or blacked out-of-service LAFD ambulances. Thus the County likely billed Medicare,

insurance, or individuals for a total of 664 Lehigh ambulance transports over a five month period in 2010.

During 2010, from January 1 to December 6, the LAFD ambulances transported to a hospital 4,108 patients—of the 6,188 total calls they answered (75%). (Note that, of the remaining calls, 51 were DOA and 1,438 refused to go to a hospital.) Hospital transports (ALS and some at BLS level) during that time period were:

Number	Destination
5	Cape Coral Hospital
1006	Gulf Coast Hospital
263	Lee Memorial Hospital
343	Lee Health Park
2478	Lehigh Regional Medical Center
5	SW Florida Regional Medical Center

The total calls were caused by:

Traffic accident	22.4%
Sick person	13.0%
Breathing problem	9.7%
Chest pain	8.6%
Fall victim	5.7%
All Other Causes*	40.6%

*Range from abdominal pain to poisoning to gunshot to childbirth.

The typical EMS call in Lehigh receives the quickest possible response from the nearest fire apparatus, with ALS (paramedic) capability if needed, assuming that there has been no pre-decision that only an available ambulance is necessary. Depending on how many ambulances are in-service that day at Lehigh stations, the fire truck may arrive much sooner than the ambulance. The typical action sequence upon arrival is “survey the patient, stabilize, and package for transport, if needed.” The issue, then, of ambulance availability is very important. A run to any hospital requires time, of course, and distant hospitals require longer times. Even earlier, the complexity of survey and pre-hospital treatment at the scene adds time. Thus the nature of the call and the hospital location are key “unit availability” factors—as well as how many ambulances are in service that day.

In May 2010, the Lehigh Board was presented an ambulance cost document prepared from Department financial documents. A copy is attached to this report and is a very useful document for Board consideration. It indicates, for example, that one ambulance in-service costs \$123,411 annually, in excess of the billing income of \$448,206, assuming that the total personnel costs of \$167,163 are included in ambulance costs. If the Board should decide that it desires a Department capability and capacity for fire suppression and ALS/BLS “First Responder EMS service delivery, but no transport capability, (as described earlier in this Report), then the responders currently assigned to ambulance duty would be reassigned under one of several possible deployment plans. In essence, if the responders are needed anyway, their cost won’t be eliminated if the ambulance is removed from service, but that ambulance’s “income” of \$448,206 would disappear. In a budget sense, it costs the Department \$123,411 annually to have one ambulance on-duty 24/7, with two certified responders. Note that those responders, also certified as firefighters, raise the total capability and capacity of the Department, as well as

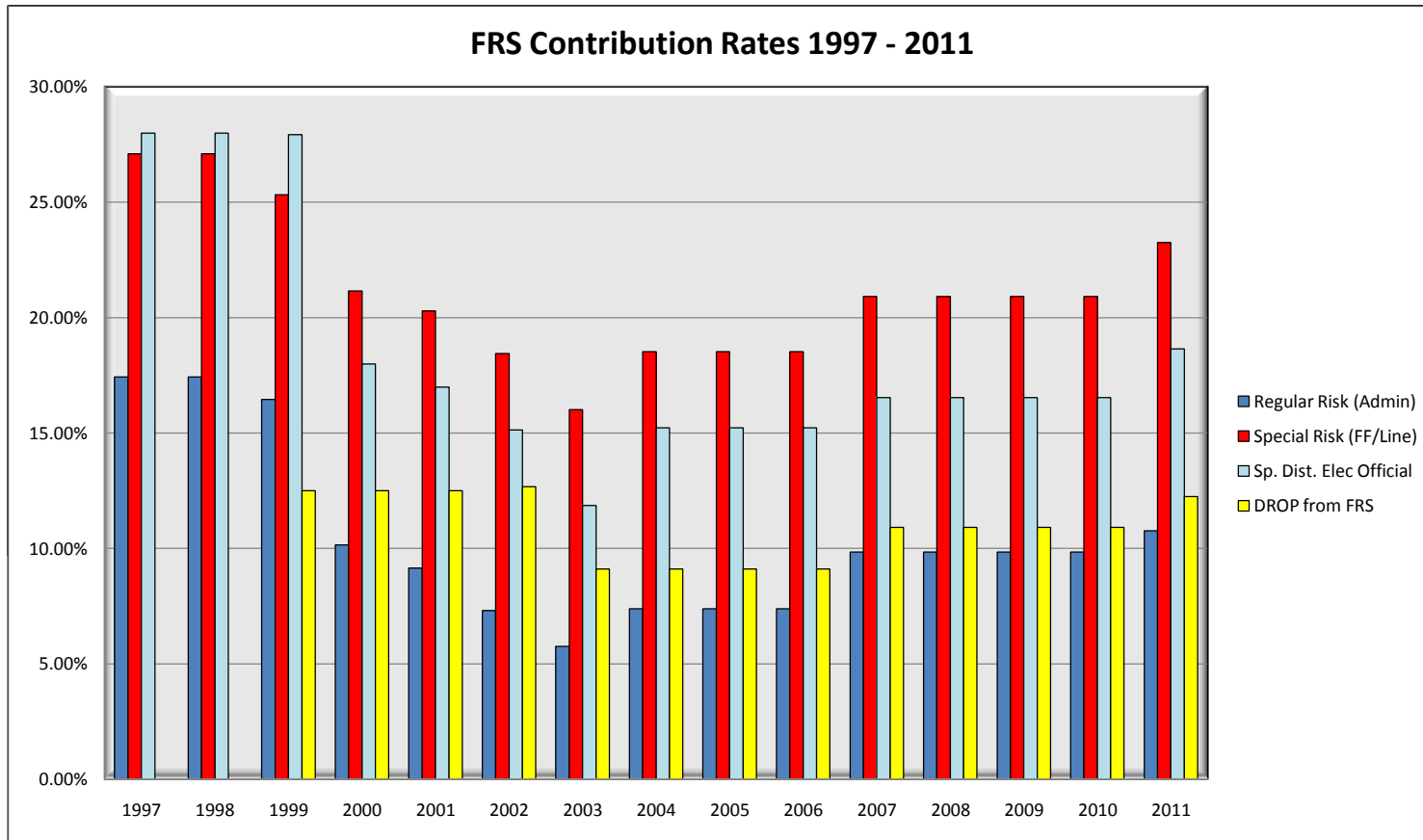
providing a level of medical response service significantly beyond what the County probably could provide the District.

Recommendation #16: Retain a minimum of six fire suppression/first EMS responders in each station, plus a duty Battalion Chief, and make every effort possible to retain ambulance transport for the District.

As officials of the District consider the questions relating to how many active LAFD ambulances (0 to 5) should be in-service at this time and in any future time absent a SAFER grant, the following are sub-issues:

1. The Lee County property tax levy includes a non-specified pro-rata amount for County EMS service. County ambulances provide any needed "mutual aid" to the LAFD Emergency Medical System. Lehigh property owners pay a County property tax.
2. Lehigh District tax levy includes the non-offset cost of LAFD ambulance service.
3. Were there no LAFD ambulance service, the LAFD reported that the County has estimated that it would service the District's area and population with fewer than two ambulances. The County EMS does contract with several fire-rescue districts which then provide ALS level "First Responder" service, with fire vehicles, as does LAFD at this time.
4. Currently, not every Lehigh fire station maintains an active ambulance.
5. The Lehigh District's ad valorem tax rate of 3% is capped. An increase would require a referendum, as would any EMS special levy.
6. The geographic size and population distribution of the Lehigh District make equity of ambulance service a challenge.
7. It appears that public knowledge concerning the important details of EMS in Lehigh may be very low, yet the public's degree of desire concerning it may well be needed very soon.
8. An EMS public information and education program for Lehigh residents is needed, in preparation for any future Board decisions.

FRS Contribution Rates	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Regular Risk (Admin)	17.43%	17.43%	16.45%	10.15%	9.15%	7.30%	5.76%	7.39%	7.39%	7.39%	9.85%	9.85%	9.85%	9.85%	10.77%
Special Risk (FF/Line)	27.10%	27.10%	25.32%	21.16%	20.29%	18.44%	16.01%	18.53%	18.53%	18.53%	20.92%	20.92%	20.92%	20.92%	23.25%
Sp. Dist. Elec Official	27.99%	27.99%	27.93%	17.99%	16.99%	15.14%	11.86%	15.23%	15.23%	15.23%	16.53%	16.53%	16.53%	16.53%	18.64%
DROP from FRS	0.00%	0.00%	12.50%	12.50%	12.50%	12.67%	9.11%	9.11%	9.11%	9.11%	10.91%	10.91%	10.91%	10.91%	12.25%



Additional Document: The 2011 News Press Market Watch Report for Lee County can be obtained by contacting the Ft Myers News Press directly.